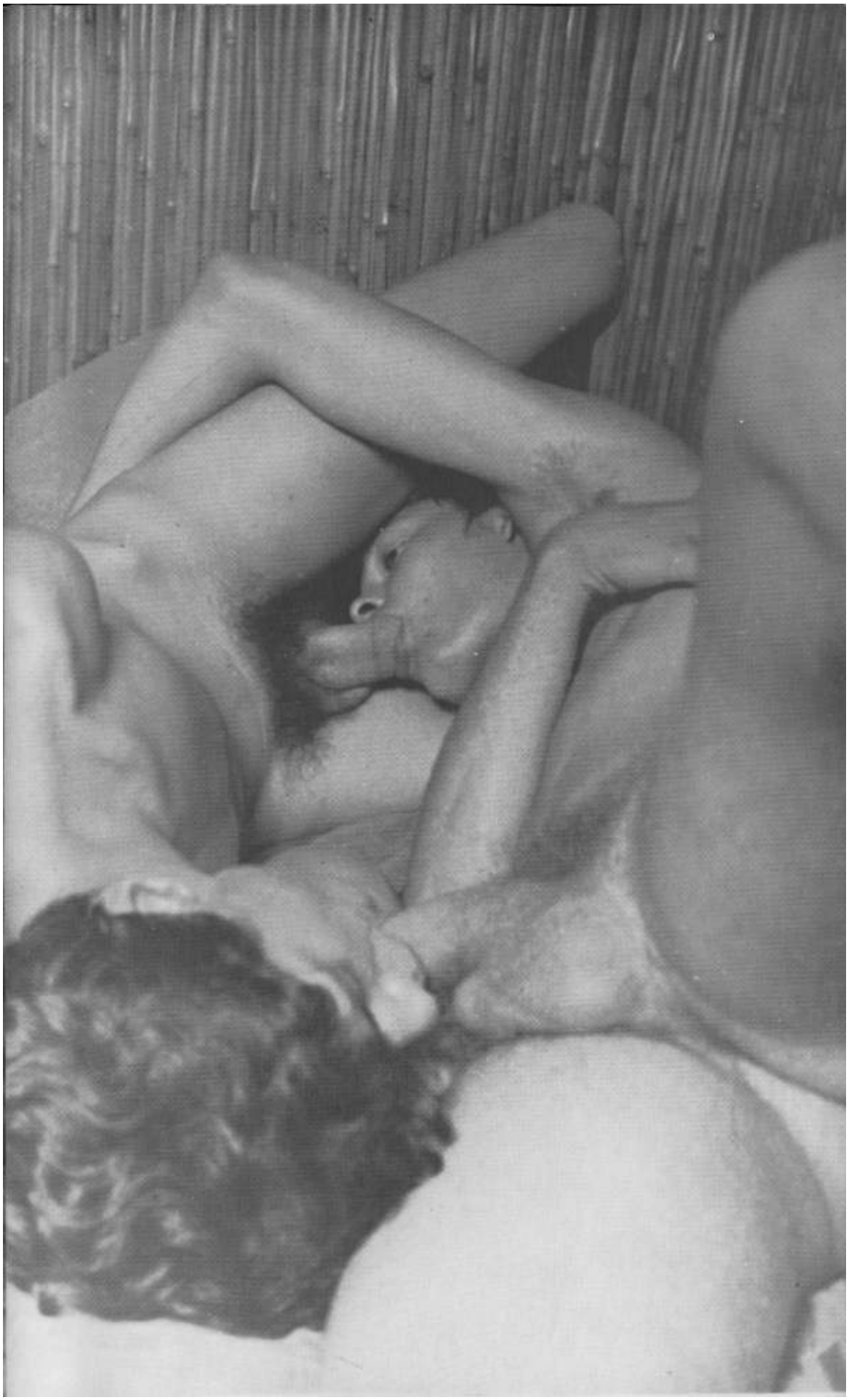
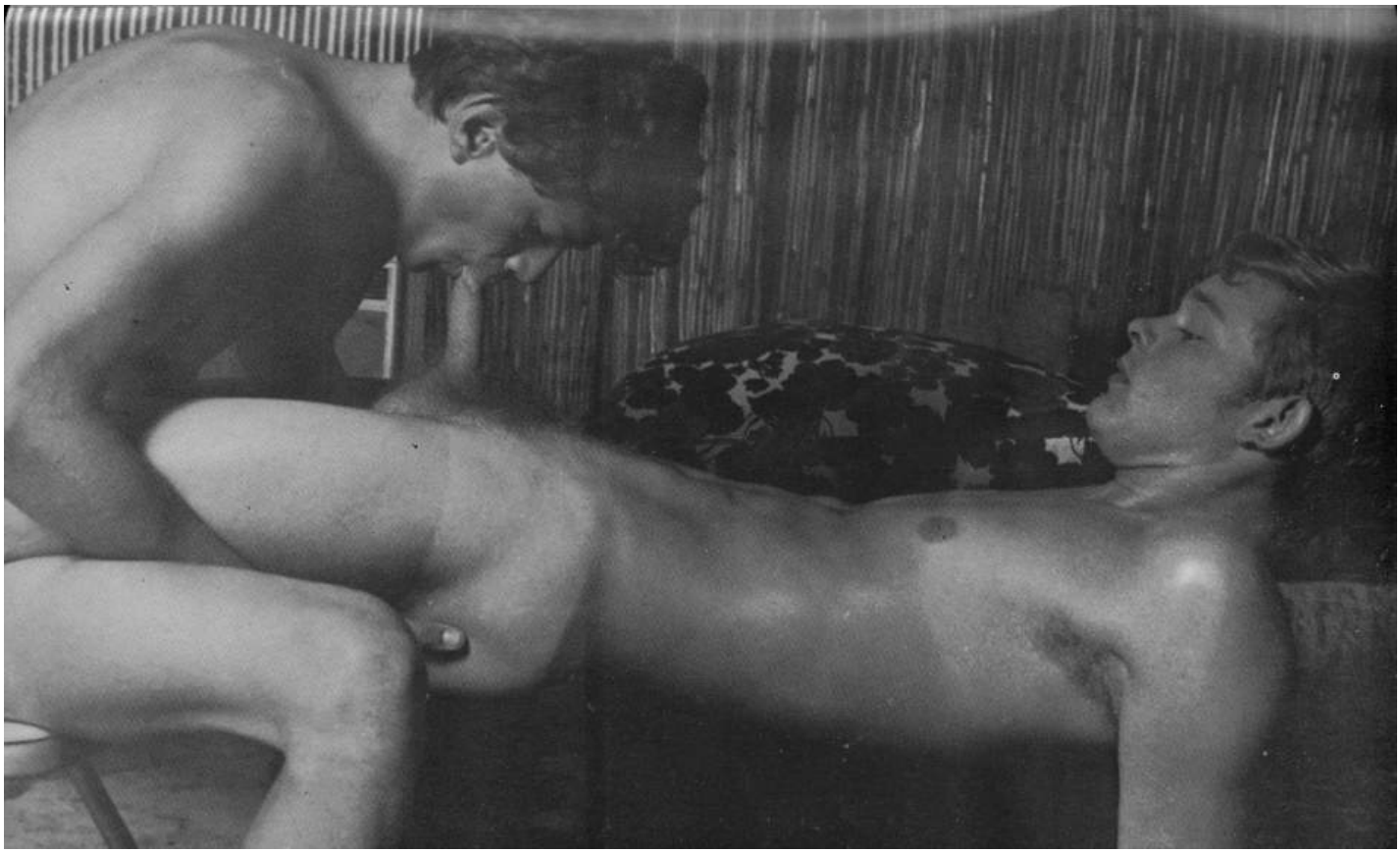
HomoSexualism

Adults Only **vol. 6**





THE DISEASES OF SEX LIFE

GONORRHŒA (CLAP)

The cause of gonorrhœa, the gonococcus, is an extraordinarily small bacillus, easily recognized under the microscope by its characteristic coffee-bean shape and the fact that the bacilli are usually found in pairs.

The areas where the gonococcus settles. In order to flourish, the gonococcus requires a very soft mucous membrane. For this reason it does not settle on the external skin or on the coarse mucous membranes of the mouth, of the intestinal canal, and of the vagina, but only in certain fine-skinned areas of the sex apparatus, of the heart, of the joints, and on the membranes of the eyes. In both man and woman it usually prefers the mucous membrane of the urethra.

Living-conditions of the gonococcus. In order to flourish, the gonococcus needs a moderate temperature of about 86° F., moisture, darkness, and the absence of all acids. Dryness, heat, cold, light, and acids cause it to die rapidly. The gonococcus can therefore not be transmitted by dry objects, by the touch of a dry hand, by dry underwear, and the like, but it can easily be transmitted by sick mucous membranes, by the man's semen, by water used for washing and bathing, by wash-cloths, sponges, and moist towels that have been used by persons having gonorrhœa.

GONORRHŒA IN THE MAN

Infection. By far the greatest number of cases of gonorrhœal infection in men occur as a result of sexual intercourse, in which gonococci from the mucus of the female

sex apparatus are brought to the orifice of the male urethra and produce urethral gonorrhœa there

Gonorrhœa of the anterior urethra. The gonococci introduced multiply to such an extent in the anterior part of the urethra in the course of two to three days that the mucous membrane becomes inflamed and secretes a yellow inflammatory mucus just as the nasal mucous membrane does during a cold. This flows out of the urethra as gonorrhœal pus and announces the outbreak of a gonorrhœal infection

The inflammation of the mucous membrane causes a burning sensation and this results in the desire to urinate frequently. When the acid urine flows over the inflamed mucous membrane, a cutting pain arises, as if a razor were being drawn through the uretha. This urethral irritation also causes painful erections and nocturnal seminal ejaculations.

Gonorrhœa of the posterior urethra. The disease generally stops at the rather narrow border between the anterior and the posterior divisions of the urethra. In about ten per cent of the cases, however, the gonococci wander into the posterior urethra and out of it into the prostate and the seminal vesicles This occurrence makes itself noticeable by pressure and pain in the prostate region, by a frequent urge to urinate without the appearance of urine, by the evacuation of mucus and blood, as well as by fever.

Gonorrhœal bladder catarrh. From the posterior urethra, gonorrhœa can ascend into the bladder and through it to the ureter and the pelvis of the kidney

Gonorrhœal inflammation of the epididymis. Usually the gonococci wander through the seminal ducts downwards into the epididymis and produce an extremely painful inflammation Pains and fever vanish after a few days, but owing to the agglutination of the ducts, the path from the testicle is blocked for the sperm cells and during the ejaculation the man emits seminal fluid without sperm cells; he is sterile.

Chronic gonorrhœa. If the gonococci are not cleared off the mucous membranes in the course of a quarter of a year, they erode it and settle in the eroded ducts and undermined areas, and it is now very difficult to drive them out of the hiding-places; the gonorrhœa becomes chronic

The complaints subside a great deal in comparison with the stormy symptoms of the first weeks. The discharge is slight during the day or may not be noticed.

The "good-morning" drop. Only in the morning after the long night rest is the man greeted with cynical regularity by a grey morning drop, like a malicious imp: "I am still here, your gonorrhœa!"

The gonorrhœai threads. With the urine itself small tatters of mucous membane and pus are washed out, which float about in the urine as threads, the gonorrhœal threads.

Urethral stricture. In the eroded mucous membrane, however, scars are formed that contract and narrow the delicate tube of the urethra. A narrowing or stricture of the urethra results, which makes urination difficult, and the stream of urine no longer appears as a round column of fluid, but rather as a twisted spiral or even as a double stream.

The prevention of chronic gonorrhœa. Acute gonorrhœa is a short crisis in the man's life. Every doctor knows this tragedy with its happy end.

Chronic gonorrhœa, on the other hand, is a long-drawn-out ailment, which devours the patient not only physically but also mentally, and places a difficult and thankless task before physician and patient. For this reason anyone who has had the misfortune to acquire a gonorrhœal infection cannot be sufficiently urged to submit to treatment by a physician from the first day and to follow his directions strictly, so that the gonorrhœa may be cured completely in the acute stage.

The treatment of gonorrhœa. Prior to 1940 we should have had to begin this section with the following statement: Despite all efforts it has as yet not been possible to

find an effective serum against the gonococcus, with the result that gonorrhœa is still treated according to the old method by the instillation of caustic solutions into the urethra. Between 1937 and 1940, however, there was developed a new method of treatment which can be described as one of the great medical achievements of our time. In the course of experimental studies it had been found that certain dye substances created by synthetic chemistry, when introduced into the human body, were effective medicaments against specific pathogenic organisms such as those of puerperal fever and pneumonia. After years of experimentation it was discovered that certain sulfonamide compounds (sulfanilamide) can destroy the gonococcus not only outside but also within the human body about as rapidly and as radically as Flit kills flies in a closed room. A truly miraculous discovery! But — and this is a further parallel to the action of Flit — if the medicament is not administered with sufficient rapidity and in sufficiently large quantities, the bacteria, like the flies, wake up again, form protective substances, and now become resistant to the poison, so that they can no longer be attacked by this remedy. Consequently — and this is the essence, at least at present, of the new method — the gonococci must be overwhelmed with such large quantities of the medicament that they are all really killed in two to three days. The treatment must therefore be carried out like a " blitzkrieg "; it must be a kind of surprise attack in which irresistibly large quantities are administered very rapidly. This method, which is still very recent and still in a process of development, is at present carried out in the following manner: The patient takes one tablet every two hours for an entire day — and the next morning the gonococci in the human body are as dead as the flies in the Flit-filled room! In order to be sure that not a single organism has remained alive, and thus to prevent any danger of a relapse, the patient continues to receive the medicament, but in de-

creasing quantities for another four to ten days. Actually almost sixty-five per cent of all patients with gonorrhœa are cured within a few days, no matter whether the infections are mild or severe, acute or chronic. While the previous remedies acted only locally, and had to be brought to the diseased areas, which was often impossible, the new remedy is carried by the blood-stream throughout the body and kills the gonococci even in hidden recesses and " nests." Unfortunately, there are a certain number of patients who do not respond to the treatment, but one may hope that in time it will be possible to cure them too.

A cured acute gonorrhœa has no sequelæ. It is not inheritable, it is no longer contagious, and damages neither the man's potency nor his fertility. An attack of gonorrhœa that has been cured does not prevent a new infection. Acute gonorrhœa is extremely infectious. In the first place because of the danger of infection and secondly because of the danger of causing the gonococci to travel backward to the posterior urethra, sexual intercourse should be resumed only when the physician pronounces the gonorrhœa completely cured.

The complete cure of chronic gonorrhœa. No definite time period can be given for the cure of chronic gonorrhœa. It is a matter of luck, of medical skill, of the patience of both the doctor and the patient, and of the reaction of the body, when or whether a chronic case of gonorrhœa will be cured. The patient can be pronounced cured if no inflammatory reactions follow repeated strong irritations of the sex apparatus by caustics, massage, alcohol, bodily exertions, etc., and no gonococci appear. The scars that arise from the destruction of the mucous membrane cannot be removed. On the other hand the narrowing of the urethra, the strictures, can be slowly overcome by stretching them.

The individual with chronic gonorrhœa — a social menace. The man who has chronic gonorrhœa excretes gon-

ococci either constantly or occasionally, during sexual excitement or after partaking of alcohol, and forms a serious danger for women, because, since this ailment lasts a long time and no longer gives him any pain, he does not remain continent, like the individual who is acutely ill, but sooner or later resumes sexual intercourse. He is doubly dangerous with respect to society, because, he no longer fears a new infection and practises intercourse without any special precautions, and like most people who are chronically ill, he becomes indifferent and loses all sense of responsibility.

Indeed, often enough the chronically sick becomes a danger to the community because, with the malicious joy of sadists, they revenge themselves on healthy individuals, since they themselves have been so hard hit by fate. The person with chronic gonorrhœa is a social danger, not only for women who enter into extramarital sex relations, but also for the young girl who marries. It occurs repeatedly that young women are infected during the first days of their marriage, even during the nuptial night, by their husbands, who have gonorrhœa, and instead of the awaited joys of marriage they are met by a disease which often destroys their health for years and can easily destroy their fertility for ever. No marriage should be entered into unless a physician has certified the complete cure of any previous venereal disease. The man who suffers from a chronic gonorrhœa and who excretes gonococci, even if only occasionally, must absolutely use a condom in order to prevent an infection in the woman.

II · GONORRHŒA IN THE WOMAN

Gonorrhœa in the woman is produced by the same germ, but has a very different course from that in the man.

Urethral gonorrhœa. In the woman, too, the first spot where the gonococci settle is the urethral orifice

from which innumerable women suffer and which produce the most diverse complaints — above all, pains in the small of the back.

These adhesions belong to the most frequent of all women's maladies. Understandably enough, they are not easy to get rid of, but are " chronic." They are the true source of those numerous " chronic maladies of the lower abdomen " because of which women allow themselves to be treated, massaged and radiated for months and years, for which they travel to " women's spas," in order to be freed from their tormenting complaints by means of mud baths, fango packs, etc. In mild and early cases the adhesions, or at least the complaints caused by adhesions, can often be removed astoundingly well by means of such " conservative " methods. In older and more serious cases an operation must be undertaken to separate the adhesions and to seek to restore the old relations in a pelvic cavity, which is often jumbled up and confused. With the present development of surgical technique, this is almost always successful.

Comparison between gonorrhœa in the male and the female. Gonorrhœa in a man is generally a short and curable malady, which, indeed, strikes into the life of its victim like a bolt of lightning out of a clear sky, but which, like a thunderstorm, passes by rapidly. Gonorrhœa in a woman often begins without symptoms, but in a frightfully high number of cases it forms the beginning of an incalculable malady, which threatens the woman's health, fertility, and happiness to the greatest degree. The woman can therefore not be reminded urgently enough to take every gonorrhœal infection, even every suspicion of an infection, seriously at the beginning.

III · THE COMPLICATIONS OF GONORRHŒA

Gonorrhœal inflammation of the valves of the heart. Generally the gonococcus, which settles on mucous surfaces, does not penetrate deeply or into the blood. In a few cases (about three per cent) it does do this, however, and it is then carried about the body by the blood stream. The emptying of inflammatory gonorrhœal foci into the blood stream almost always leads to serious and sometimes even fatal diseases. General blood-poisoning with gonococci, gonorrhœal sepsis, is fortunately rare; the bacteria that enter the blood stream usually settle in two places. The first of these is the delicate membrane of the heart valves, so that an inflammation of the heart arises. If dull pains in the region of the heart or other heart complaints with a rise of temperature appear following a gonorrhœal infection, then an inflammation of the heart valves must be considered and careful medical treatment should be started. Under appropriate treatment the gonorrhœal inflammation of the heart valves usually subsides without serious consequences. If neglected, however, it may be fatal or permanent damage can result.

Gonorrhœal arthritis (" *gonorrhœal rheumatism* "). As the second favourite place for such a settlement the gonococcus, once it has begun to circulate in the body with the blood, chooses the delicate mucous membrane of the joints. If pains arise in a joint following a gonorrhœal infection, usually a wrist or knee joint, a gonorrhœal arthritis must be considered. It may run a very mild course, be interpreted as simple " rheumatism," and again disappear without leaving a trace. However, it may also turn into a serious arthritis and can render the joint permanently useless. Upon the appearance of pains in the joints, particularly if the temperature is increased also, a physician must absolutely be consulted and a very careful treatment of the joint must be carried out, in

order to prevent the danger of a suppuration of the joint as far as possible.

Rectal gonorrhœa. If gonorrhœal pus is transmitted to the rectal mucosa, an occurrence which is not rare among women, it produces a gonorrhœal inflammation of the rectum.

Vaginal gonorrhœa in little girls. The vagina of the sexually mature woman is too coarse and too acid for the gonococcus. In little girls, on the other hand, the gonococcus settles on the vaginal membrane and it is extraordinarily difficult to get rid of it. Little girls are very easily infected with gonorrhœa, even when they remain untouched sexually. If a woman who has gonorrhœa (mother, older sister, maids) takes care of them, they are exposed to the danger of becoming infected by means of a wash-cloth, a moist towel, or water that is used in common for washing and bathing. The infection results most frequently from a common use of bath-tubs or beds. If an individual with gonorrhœa is present in the house, or if only the slightest suspicion exists that the person in charge of a little girl *may* be infected with gonorrhœa, then all common use of sponges, wash-cloths, or towels, the custom of sleeping together, above all the custom of bathing together in one tub, which is objectionable anyway, should cease, and unclean bath-houses should be avoided. Vaginal gonorrhœa in little girls is an extremely unpleasant, usually very chronic disease, which, indeed, has no threatening consequences for the child's later development, for her fertility, etc., but by means of which the child's attention is drawn to its sex organs prematurely and intensively. In almost every case the itching of the vagina leads to masturbation or to sexual manipulations in common with other children. In the first place it can infect other children very easily in this manner, and ugly epidemics of gonorrhœa of this type are not at all rare in homes or school classes. Above all, however, this stimulus pushes the child into experiences that can be much

more disastrous for its future development than the physical symptoms, which usually vanish again. The road to prostitution starts very often with the experience during childhood of an innocently acquired vaginal gonorrhœa.

Gonorrhœa of the eye. By far the most dangerous complication of gonorrhœa is the gonorrhœal inflammation of the mucous membrane of the eye. Of all the membranes of the body the delicate covering of the eye seems to be the most suitable nutritive medium for gonococci, and every transportation of gonococci to the moist parts of the eye means the unerring start of a gonorrhœal inflammation.

Measures to prevent gonorrhœa of the eye. The gonococcus perishes in dryness, light, and heat. It doesn't fly about with dust like the tubercle bacillus, but is only transmitted by contact from one moist surface to another. A dry hand, a dry cloth, a dry pillow do not transmit gonococci! The individual infected with gonorrhœa does not have to fear, therefore, that his eyes are directly exposed to an infection. On the other hand, he must protect himself carefully so that the gonococci cannot reach the eyes, whether directly with the secreted gonococcal pus or indirectly by means of moist carriers. After touching the genitals the hands should be washed meticulously, and carefully dried. It is best not to touch the eyes at all during the first ten minutes after contact with the diseased organs. In the morning, during a gonorrhœal infection, the hands are washed first, without having previously touched the genitals. Then the face is washed under running water, dried, and then, *after* the face is washed, the genitals are subjected to cleansing. After that the hands should be washed again. Special washing utensils should be used for cleansing the genitals. The eyes should never be wiped with the same towel with which the genitals, or hands which have come into contact with the genitals, were dried. Baths should not be taken during the acute stage of gonorrhœa, but the body should only be washed or

cleaned under a shower. If attention is paid to these rules, no danger exists that the disease will be transmitted to the eyes.

The gonorrhœal inflammation of the eyes is an inflammation of the conjunctiva, which like all gonorrhœal inflammations tends to suppuration and the formation of scars and in this way threatens the individual's sight. If the inflammation passes over to the anterior, transparent portion of the eye, the cornea, ulcers may form, which leave scars and thus produce an incurable blindness.

Gonorrhœa of the eyes in the new-born proves how sensitive the eyes are to the gonococci. If gonococci are present in the woman's sex canal, they can reach the child's face during birth, and although the child keeps its eyes closed tightly and doesn't touch the walls of the sex canal with its eyes, it develops a gonorrhœal inflammation of the eyes a few days after birth. In a large percentage of cases this leads to blindness. Gonorrhœal inflammation of the eyes in the newborn is the most frequent cause of blindness in the world of Western civilization

Gonorrhœal blindness. About half of all cases of blindness in Europe and America are caused by the gonococcus. Among approximately 300,000,000 people of western Europe there are 250,000 who are blind because of gonorrhœa, the majority of whom, as the innocent victims of their parent's gonorrhœa, were born with healthy sense organs, but who never saw the light of day because the blinding inflammation of the eyes started immediately after birth.

The legal prophylaxis of gonorrhœa in the newborn. During the nineteenth century an average of not less than twelve per cent of all new-born children were attacked by gonorrhœa of the eyes in the civilized countries of western Europe. It was therefore a positively redeeming thought when the legal provision was introduced that every doctor or midwife must instil a "gonorrhœal injection"—a few

drops of a silver solution that kills gonococci — into the eyes of the new-born after birth . It is indeed a prosaic reception that mankind prepares for the new mortal, by instilling a prophylactic against gonorrhœa into the eyes as the first greeting of civilization. But it is necessary and beneficial. To be sure, its success has not been as great as was expected. According to the theory, it would have to be assumed that there would not be any more gonorrhœal inflammation of the eyes in new-born children. In fact, however, over one hundred new-born children are still attacked daily by gonorrhœa of the eyes, and thirty to forty of them become blind daily through infection with gonococci — twelve thousand every year!

IV · THE EXTENT OF GONORRHŒA
AND THE DAMAGE CAUSED BY IT

The dissemination of gonorrhœa. About 300,000,000 people live in western Europe. Of these almost 3,000,000 fall ill every year with gonorrhœa! On this small section of the globe 8,000 people wake up every morning and to their consternation become aware of the fact that they have infected themselves with gonorrhœa. Among the women on whom autopsies are performed, more than three fourths show the traces of a past gonorrhœal infection of the sex organs. Among the men about half have a gonorrhœal infection once during their life, in the large cities sixty per cent; in some social classes this figure rises to over ninety per cent. Students, however, have a record; among them one fourth are always to be found ill with gonorrhœa, which they joke about as the last disease of childhood. Among workers every tenth one has gonorrhœa. Practically speaking, all prostitutes have gonorrhœa. Official health supervision, which has only slight value practically, doesn't change this in the least. Every fourth or fifth " customer " bestows not only his semen on the prostitute, but also his gonococci, which, to be sure, can

no longer harm her, for she has suffered for years with chronic gonorrhœa and has long been immune from new infections Similarly all women of " easy virtue," who change their lovers with the seasons, are for all practical purposes to be considered as infected with gonorrhœa

Sterility due to gonorrhœa. Twelve per cent of all marriages remain sterile. A good half of these cases are due to gonorrhœa. The loss of desired offspring that are not produced can be estimated at 750,000 yearly in western Europe.

What is the cost of the gonococcus to mankind? Anyone who enjoys statistical computations can estimate what the costs of the tiny gonococcus to mankind are. These costs are produced by about 30,000 infections daily, by diseases, inability to work, costs of physicians and hospitals, medicaments and methods of treatment, by the chronic illness of millions of women who are hindered in their work, by the sterility of several hundreds of thousands of marriages, by deaths due to complications and operations, by the blindness of new-born children and adults, by depressions, suicides, divorces, disintegration of families, and many more. These are innumerable millions, even if the mental misery which it brings to its victims is not counted.

V · THE MAN'S PROTECTION AGAINST GONORRHŒA

The condom. The condom offers the best protection against the transmission of a venereal disease, above all of gonorrhœa It protects both partners against infection. If a condom is not employed during a suspicious sexual intercourse, the following measures should be carried out:

Urination. The gonococci are washed out of the urethra by a profuse and powerful urination; the stream should be interrupted several times and should be expelled forcefully every time with the aid of the pelvic musculature.

Since the gonococci are very sensitive to acid, their vitality is weakened by the acid urine, even if the expulsion of the bacteria is not successful.

Wiping the orifice of the urethra with cotton which has been soaked in one of the fluids named

Disinfection of the urethral orifice. The penis is dipped into a disinfectant fluid for several minutes and the urethral orifice is distended by the fingers. Since the gonococci are sensitive to acids, vinegar can be used as a disinfectant (two tablespoonfuls of vinegar to a glass of water). Lemon-water performs the same service. The following actual disinfectants can be chosen: potassium permanganate Lysol or in an emergency any mouth-wash, which usually also contains some disinfectant.

Prophylactics. Next to the condom the most effective protective measure is the prophylactic stick or the prophylactic salve which is sold in tubes. Such prophylactic sticks or salves can be obtained in any drug store. The prophylactic sticks are small rods that melt after being inserted into the urethra. The prophylactic salves are sold in tubes that end in a thin tip. This tip is inserted into the urethra and some of the contents of the tube are squeezed into the urethra. The salves contain silver salts, which kill gonococci, or the strong disinfectant thymol. If a manufactured product cannot be obtained, then fifty grams of ten-per-cent silver proteinate should be obtained from a druggist, as well as a dropper, such as is employed to put drops into eyes, and one to two teaspoonfuls of this solution should be instilled into the urethra. After the instillation the orifice of the urethra should be closed by pressure and the solution should be allowed to work for about two minutes, after which the fluid is evacuated. Sticks and salves are much simpler and more effective than this solution, which also has the disadvantage that it cannot be kept long, while the former, if well covered, can be used for at least one year and consequently should be

owned by every man who is exposed to the dangers of a gonorrhœal infection.

The value of the prophylactic measures. The sooner propnylactic measures are employed after sexual intercourse, the greater is their value. Prophylactic sticks or salves inserted immediately after intercourse give an almost certain protection. After a half-hour their value is already greatly diminished and after five hours no success can be expected. The introduction of the use of prophylactics in armies has reduced the number of gonorrhœal infections by one third.

The instillation catarrh. Due to the introduction of prophylactic substances a mild catarrh of the urethra sometimes arises, which can simulate gonorrhœa, but in contrast to the latter it heals quickly and is harmless. A microscopic examination by a physician reveals the nature of the catarrh.

VI · THE WOMAN'S PROTECTION AGAINST GONORRHŒA

The woman's protection against gonorrhœa is difficult and questionable. For reasons that are evident it is much more difficult for a woman to protect herself against gonorrhœa than for a man. It is extremely difficult to remove, with any degree of certainty, the gonococci that have been ejaculated into the vagina together with the semen, from the depths that are so full of folds. All the prophylactic measures of women are therefore of doubtful value.

The condom. The condom, when used by the man, is the best protection imaginable for the woman. For this reason a woman who has intercourse with a man whom she suspects of being infected should demand that he use a condom.

Vaginal or cap pessaries that are inserted to block the orifice of the uterine neck protect the woman to a certain extent from an infection of the cervical canal with the gono-

cocci that are ejaculated with the semen, but they do not prevent a urethral infection.

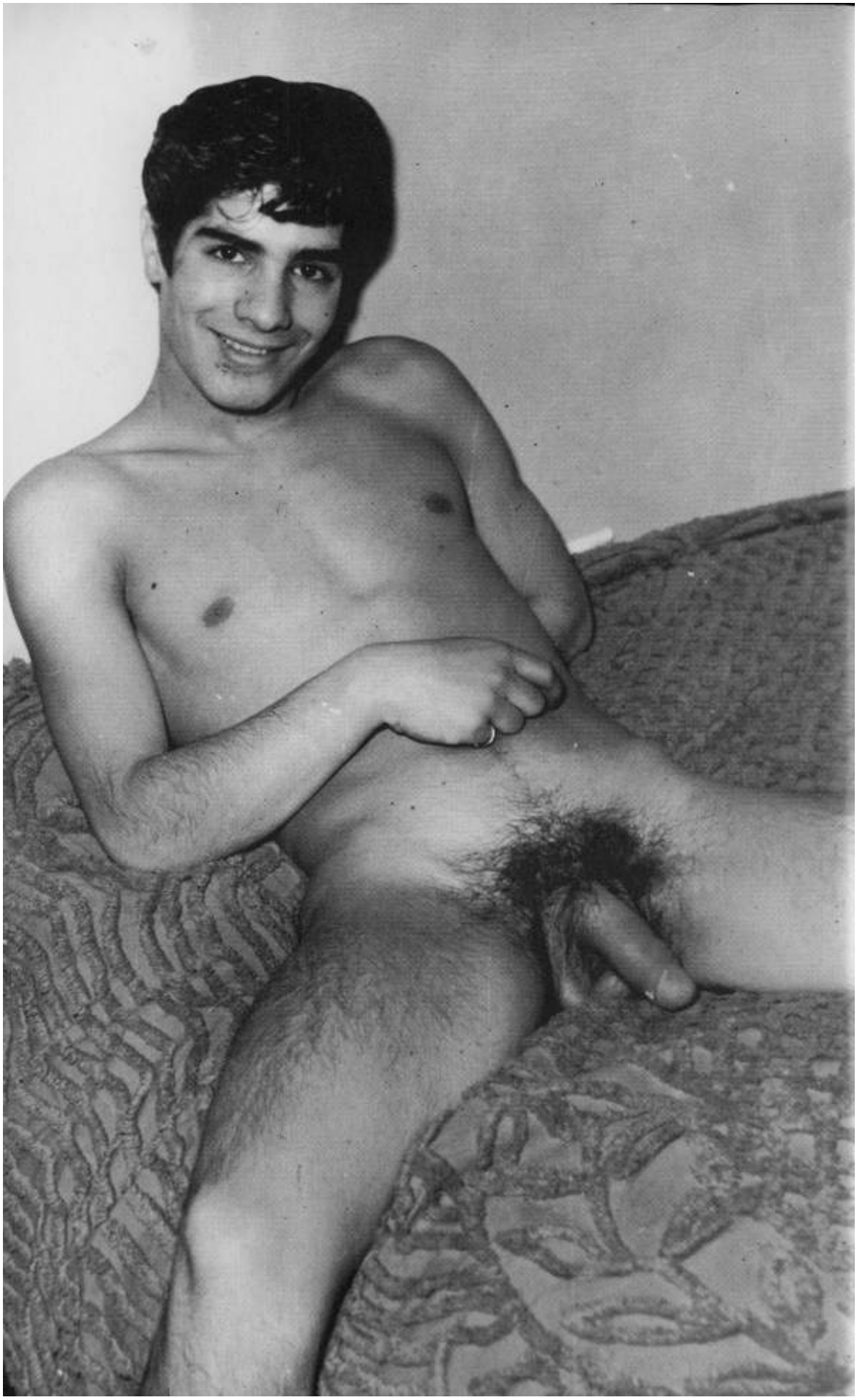
Chemical prophylactics. All chemical prophylactics, such as are introduced into the vagina for the prevention of conception, offer a certain, even if not absolute protection against the gonococci, since they weaken or even kill them, just as they do the sperm cells. But they, too, cannot prevent the infection of the urethra, which does not open into the vaginal entrance.

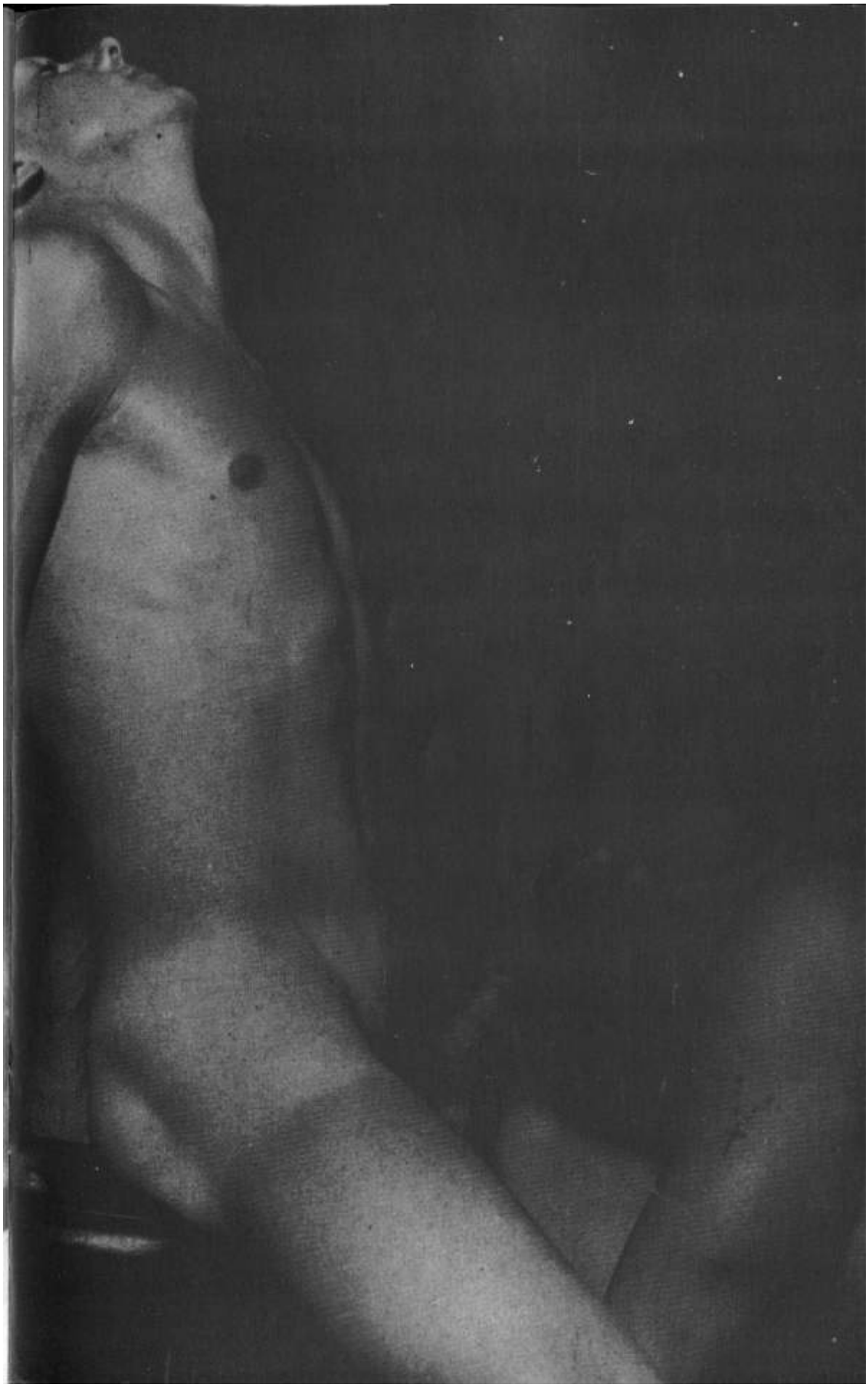
Urination. Urination immediately after sexual intercourse gives a valuable protection against an infection of the urethra, which receives an acid, internal douche of urine, killing the gonococci.

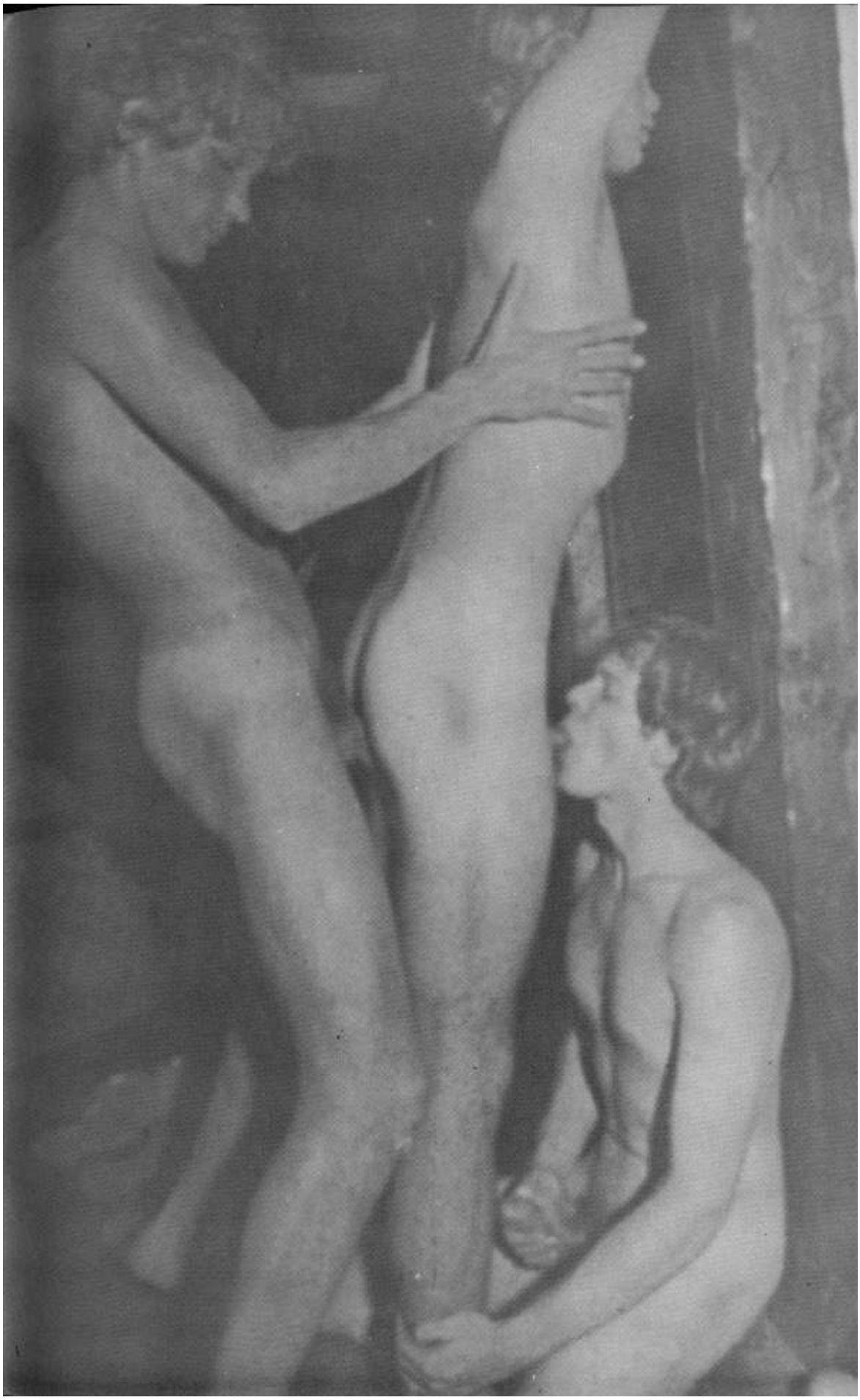
Washing. Washing the external genitals with a disinfectant solution does not offer a satisfactory protection, but it decreases the probability of an infection, since the gonococci that are on the mucous membranes are either washed off or killed.

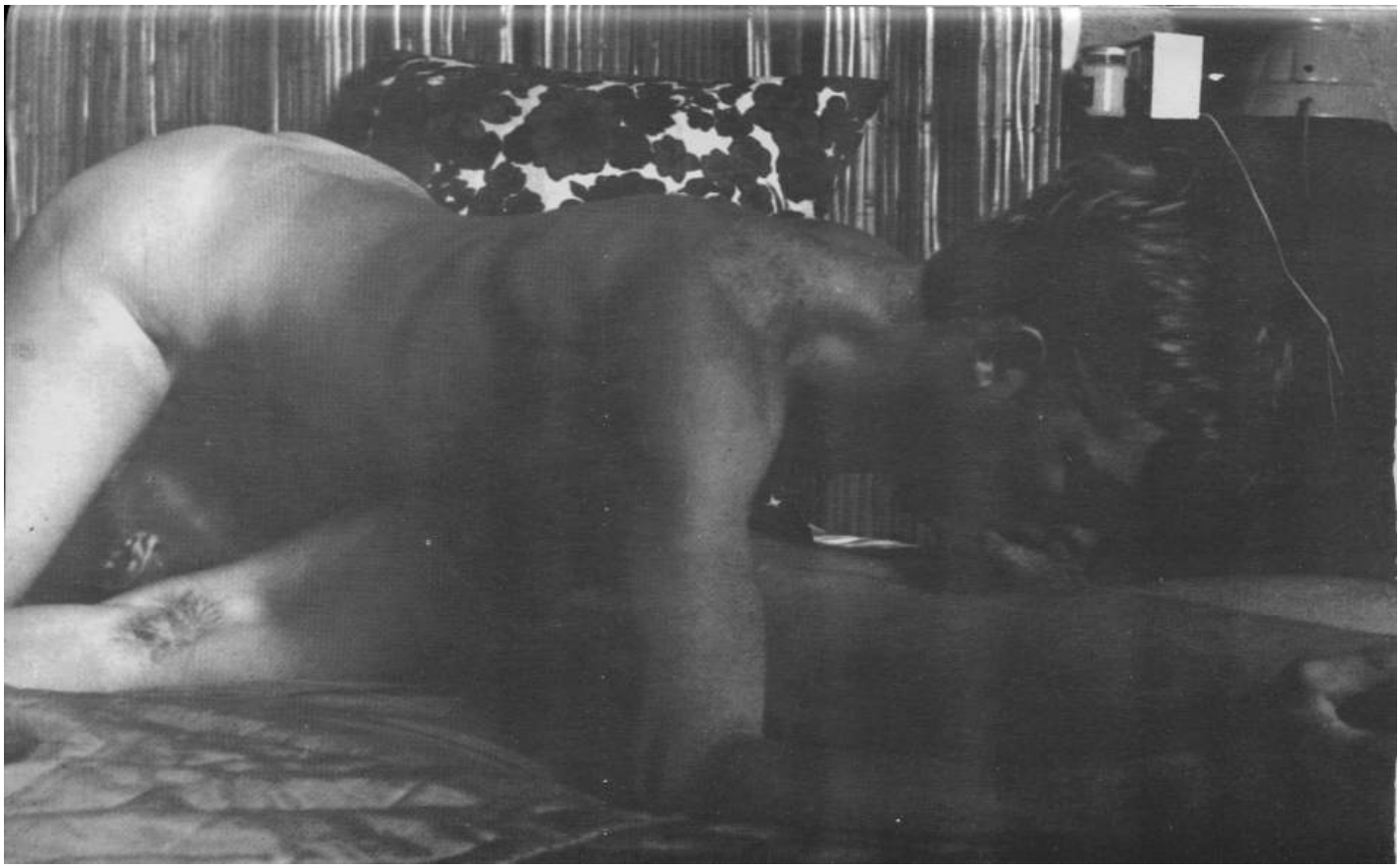
Vaginal irrigation. After the external washing a vaginal irrigation with a disinfectant solution or with vinegar- or lemon-water should be carried out in order to wash out and to coagulate all the remaining seminal remains together with the gonococci that may be attached to them.

Prophylactics. Next to the condom the insertion of a prophylactic stick or salve into the urethra is also the most effective method for a woman. She can use the same substance as the man, but she should have her own tube and not use the man's if possible. If she must use the same tube, the tip should be well cleaned. This is best taken care of by heating it over a candle flame or gas flame or, if nothing else can be had, over some matches. Heating the tip infallibly kills the gonococci. The introduction of prophylactic substances is not always easy at the first attempt, but it can and should be learned by every woman who through her mode of life exposes herself to the danger of a gonorrhœal infection.









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